



## **Early Wakely Interviews to Inform Development of Navigator Program October 2012**

1. Patty Hayes, Public Health Dep't, King County
2. Daphne Pie, Public Health Dep't, King County
3. Christina Peters, Children's Alliance
4. Marijean Holland, SHIBA, OIC
5. Carolyn Smith, SHIBA, OIC
6. Emily Brice, Northwest Health Law Advocates
7. Shelly Pollock, Northwest Insurance & Financial (Broker)
8. Alan Himsl, Medicaid, HCA
9. Mary Wood, Medicaid, HCA
10. Mary Childers, Consumer Advocacy, OIC
11. Rhonda Hauff, Yakima Neighborhood Health Services
12. John Hamje, OIC
13. Ashley Greenberg, Northwest Justice
14. Sharon Beaudoin, Within Reach
15. David Vance, Tacoma Pierce County Health Department
16. Daniel Holst, Indep Insurance Agents & Brokers of WA
17. Dave Gregory, Broker
18. Joshua Welter, Mainstreet Alliance
19. Mauricio Ayon, WA Community Action Network
20. Dave Maddock, Maddock Insurance
21. Janet Varon, North West Health Law Advocates
22. Roger Gantz, American Indian Health Commission

## Key Findings

- Interviewees agree: (1) navigators must be trusted, compassionate members of the community who know how to reach the most vulnerable Washingtonians (adjectives most frequently used included: “uninsured; lowest income; non-English speaking; disabled; culturally diverse”) ; (2) current experience in an “assistor” type of role is important; and (3) effective training will be critical to the success of the program.
- Much discussion about whether the navigator role should or should not include an ongoing focus on reducing health disparities; a decision which will have implications for the design, capacity, funding, budget and metrics of navigator program. There were two schools of thought, both expressed with equal vigor. One group thought navigators must have an enduring role in recognizing and reducing health disparities (“we can’t bypass this important opportunity to really connect people with healthcare and not just health insurance”) while the other group was very concerned that simply enrolling eligible will be a challenging undertaking with no room for “scope creep” in the role they say is envisioned by the ACA (“navigators should not be regarded as a panacea for everything that’s wrong with health care today”).
- Brokers are currently compensated in the Individual Market and are estimated to be involved with 50% or more of direct pay enrollments. This finding has implications for both the Navigator Program and the Broker Program. While the Broker Program is outside the scope of this report, it is likely reasonable to assume that the vast majority of brokers will prefer to continue in a broker role where they can collect commissions from carriers (assuming that carriers continue to pay commissions as they do today), as opposed to moving to a navigator role which would preclude them receiving any compensation from carriers. This means that both navigators and brokers will likely assist enrollees in the Individual exchange, and as a result, the resources needed within the Navigator program will be somewhat less than what they would otherwise be if brokers were not helping with eligibility and enrollment determinations. And, as one broker pointed out, “Brokers should be encouraged by the Exchange as they represent a free way for people to get help.”
- County Health Departments (or a similarly capable entity by county) might be a good approach for “steering” or managing county-based navigator programs as this type of “lead organization” model for a given geographical area has served Washingtonians well in the past.
- SHIBA Program: appears to be a consensus that program is highly valued and very effective for current mission but might be at risk for being overextended if expected to also serve a navigator role for the Exchange. Almost unilaterally, the interviewees expressed a preference for keeping Medicare and the over 65 population as the primary focus for the SHIBA volunteers, with the proviso that SHIBA would be schooled in basic referral information to help connect SHIBA contacts with the Navigator Program where appropriate.

- Some observation that a few stakeholders don't appreciate the role the Call Center and website will play in the eligibility and enrollment process. These stakeholders seemed to believe that navigators will be the only form of assistance available to enrollees seeking assistance with eligibility and enrollment. This may represent an early opportunity for education for those on the front lines.
- Most stakeholders have not yet given much thought to how navigators should be measured or compensated.
- Most stakeholders see the needs of small businesses as continuing to be met by brokers but a few expressed the view that some minority business owners may want to access navigators with whom they have an affinity.
- Navigators must know how to help enrollees with appeals and grievances; understanding the referral process will be important.
- Under the ACA, a few different rules apply to American Indians and Native Alaskans and they may be better served by a separate group of navigators.